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TRANSMITTAL SLIP		DATE 2 G 1983	
TO: <i>① DDD</i>			
ROOM NO.		BUILDING	
REMARKS: <i>① EXC TO</i> <i>③ DD EY</i> <i>C/AS</i> <i>EXES ONLY COPIES</i> <i>TO</i> <div style="border: 1px solid black; height: 80px; width: 250px; margin: 10px auto;"></div> <i>file EXCOM</i>			
FROM <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></div>		EO/DDA	
7D-18 Hqs.			
ROOM NO.		BUILDING <div style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></div>	EXTENSION

FORM NO. 241
1 FEB 55

REPLACES FORM 36-8
WHICH MAY BE USED.

(47)

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DDA Registry
83-1932

EXCOM 83-009
21 July 1983

ODP # 83-1117

MEMORANDUM FOR: Executive Committee Members

FROM: Executive Assistant to the Executive Director

SUBJECT: Minutes of 18 July 1983 Executive Committee Meeting: [REDACTED]
(2) Status of Alcohol Program

1. The Executive Committee met on 18 July 1983 to review [REDACTED] to be briefed on the Agency's alcohol program. Charles Briggs (ExDir) chaired the session; participants included Messrs. Fitzwater (DDA); Stein (DDO); Hineman (DDS&T); Gates (DDI); Taylor (IG); [REDACTED] (O/ExDir).

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7. Mr. Briggs then introduced Bob Ingram, Director, OMS, and [] Alcohol Program Coordinator, and said they would provide a status report to the EXCOM. He noted that the DDCI is particularly interested in having the Agency conduct an effective alcohol program. [] noted that the Agency alcohol program was started in 1978 and that last spring OMB examiners assessed the Agency program as the best they had ever seen.

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8. [] then observed that nationwide 10% of any working force has employees in either the early, middle or late stages of alcoholism. The Agency has a program because alcohol can reduce an employee's productivity by 50% or more during the withdrawal stages. OMS has a current case load of [] employees and family members, of which [] are employees. The length of service of employees who, on their own initiative, contact the program is 15 years. The highest incidence of alcoholism appears to be in the DO and DA, but cases are probably more evident in these components because OMS has more frequent access to DO and DA staffers who are officially referred to OMS for overseas processing.

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9. Mr. Briggs asked whether employees who go through the program feel penalized subsequently. [] said there have been cases when people who were about to be fired subsequently received three promotions after entering the program. About 3% of the employees who are identified as alcoholics leave the Agency. [] added that there are people who recognize they have a problem and do nothing about it; by the time OMS has clinical evidence of alcoholism the employee is in a late stage of the disease. Discovering employees in the early stages requires managerial help. A training program for DI and DS&T managers has been completed and the DA program begins in December. Training for DO managers will follow. The purpose of the training is to make more supervisors sensitive to behavioral patterns indicating a need for medical assistance.

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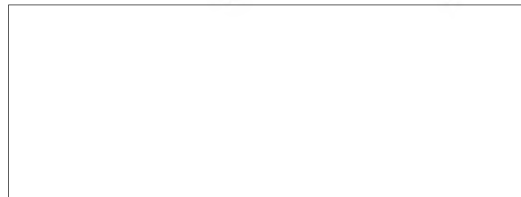
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10. Mr. Briggs asked whether OMS alerts supervisors when it discovers a problem. Dr. Ingram said that if alcoholism is discovered as part of an official fitness for duty review, it is

reported to supervisors. If discovered as the result of the person walking into OMS, it is not routinely reported. If the employee volunteers for the program, OMS will place the employee under a standard medical hold and not specifically advise his supervisor that the employee has an alcohol problem.

11. [] passed out posters and brochures and advised that she believed OMS had successfully publicized its alcohol and consultative services program. Supervisors can refer employees to OMS without saying they are concerned about alcoholism. Mr. Gates observed that he was aware that one program staffer wanted the alcohol program combined with other family services to take away the stigma. He said he was not proposing anything at the moment but believed there is a high level of unawareness. Mr. Taylor agreed that people do not know about the program; he said State has a monthly column in its newsletter. Dr. Ingram said in response that OMS is doing a brochure describing all of the services OMS provides, among them the bi-annual physical, social and psychological services consulting.

12. The meeting was adjourned.



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